LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received 5
Name of Local Government Officer	Y COF
JESNS ZUDIGA	SAN ANT Y CLERK 24 PM 1
Office Held, Symbooth COARD	- ^d
Board Man boss	8 10
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Description of the nature and extent of employment or other business relationship wi	th vendor named in item 3
Employer of the nature and extent of employment or other business relationship with the polyment of the business relationship with the business rela	* 1
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(b).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is	s true and correct. I acknowledge
that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
Government Code) of this local government officer. I also acknowledge that this statement core the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.	
JUDY C CROOM Notary Public	
STATE OF TEXAS	
My Comm. Exp. Mar 10, 2017 Signature of Local (Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	bh
Sworn to and subscribed before me, by the said	, this the day
of, 20, to certify which, witness my hand and seal of office.	
a) ides (Orum Tudy Crom	Notary
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath